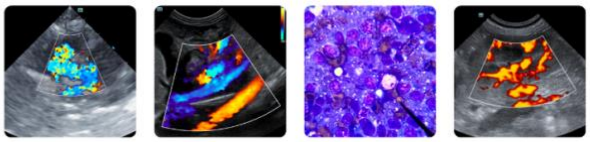


PATIENT

Noel Szymanek

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

9

WEIGHT

33 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jenni Tudini, DVM, SDEP Cert (Abdo)

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr Sara Huckabone

INVOICE

22660

DATE

3-8-26

PRESENTING CLINICAL SIGNS

History: Patient recently seen for routine physical exam and wellness bloodwork. Patient displays no ill health but was found to have a nonregenerative anemia that has progressed and subtle hyperglobulinemia with no clear cause identified. Abdominal ultrasound recommended. Patient receives Meloxicam daily for lameness, HW/flea/tick prevention and Cosequin.

Abnormal PE/Chem/CBC/UA Results: Exam unremarkable - 01/23/26: CBC: HCT 36.5% (41-60), Hemoglobin 11.6 (14.6-21.7), MCV 84 (62-76), MCHC 31.8 (32.3-38) Biochem: Globulin 4.3 (2.4-4) - 4Dx; NEG x 4 - 02/20/26) CBC : HCT 34.7 (41-60), Hemoglobin 11.6 (14.6-21.7), MCV 77 (62-76) - Monocytosis 0.87 (0.145-0.73) - No parasites seen, no morphology changes noted. - U/a: 1.029, Protein 2+. all otherwise WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone normal.

The left kidney is normal in size (5.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. several varying-sized cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. A few, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.59 cm at cranial pole) (0.65 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (0.62 cm at cranial pole) (0.70 cm at caudal pole) with a normal shape and homogenous parenchyma. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

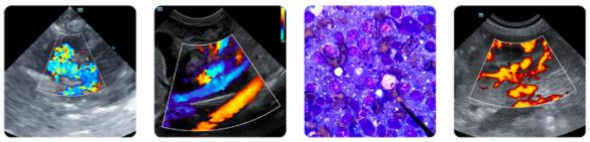
Spleen

The spleen is mildly enlarged (1.94 cm in width at the level of the hilus) with an undulating medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A few, small, polypoid-like lesions are arising from the mucosal surface. A moderate amount of suspended gravity-dependent, echogenic- to mineralized sand, along with a few, small, nonobstructive choleliths are observed within the



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lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Gallbladder debris/sand with small, nonobstructive cholelithsl; non-mucocele
- Bilateral nonspecific age-related renal changes with cortical cysts
- Borderline right adrenomegaly

*An obvious cause for the patient's mild nonregenerative anemia is not definitively identified in this study. Considerations include anemia of chronic disease, low-grade GI bleeding, occult neoplasia, tick-borne disease, bone marrow disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of anemia, consider the following:

1. Three-view thoracic radiographs to assess for occult pathology in the chest
2. T4/free T4 by equilibrium dialysis (if not already performed)
3. A comprehensive tick panel, including PCR and serology (submission to North Carolina State University's Vector Borne Disease Diagnostic Lab is recommended. https://cvm.ncsu.edu/research/labs/clinical-sciences/vector-borne-disease).

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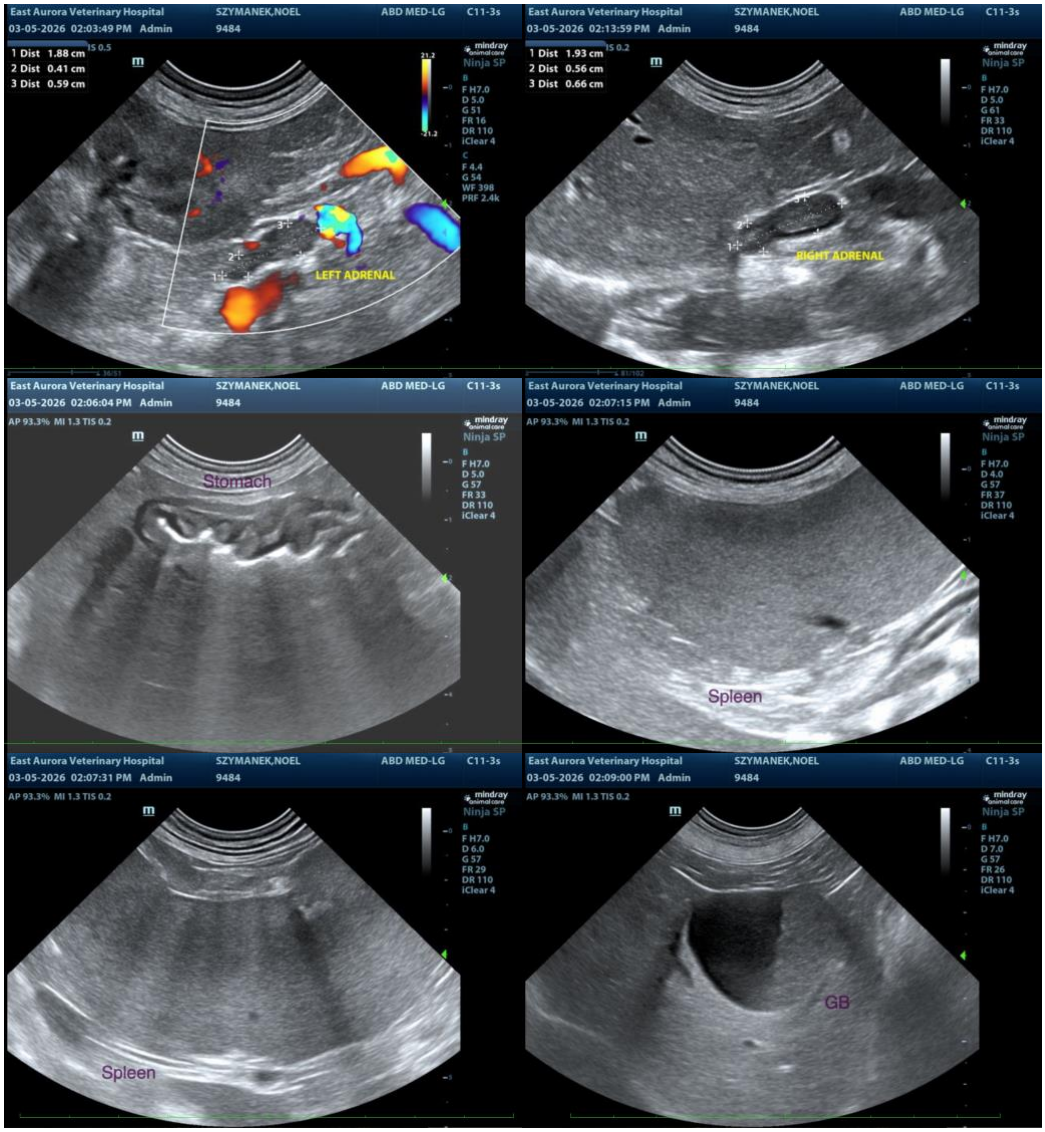
4. +/- fine-needle aspiration of the spleen (assuming normal clotting status). A 25-gauge needle should be used.
5. Depending on the results of the above diagnostics further work-up may be indicated.

- Regarding the hyperglobulinemia, also consider a serum protein electrophoresis.



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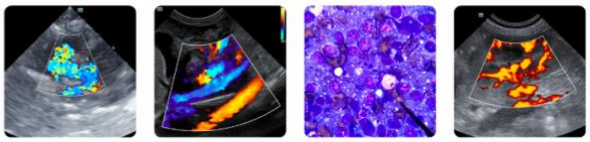

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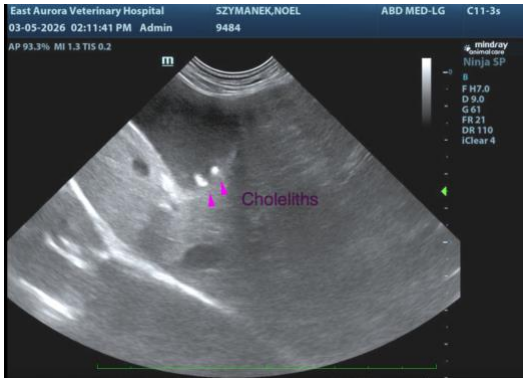

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com